

STATEMENT OF BOUNDARY CHANGE

Please mail to the Board of Equalization, Tax Area Services Section, 450 N Street, MIC:59,
P.O. Box 942879, Sacramento, California 94279-0059.

BOE USE ONLY

B.O.E. File No.: _____

County:	County # :	Acreage:	Fee: \$	Res./Ord. No.:	
Conducting Authority:				LAFCo. Res.:	
Short Form Designation:				Effective Date:	

1. Type of action:
(check one only)

<input type="checkbox"/> 01 Annexation to district	<input type="checkbox"/> 06 Consolidation of TRA's	<input type="checkbox"/> 10 Redevelopment
<input type="checkbox"/> 02 Annexation to city	<input type="checkbox"/> 07 Detachment from district	<input type="checkbox"/> 11 Name change
<input type="checkbox"/> 04 City incorporation	<input type="checkbox"/> 08 Dissolution of district	<input type="checkbox"/> 12 Reorganization
<input type="checkbox"/> 05 Consolidation of district	<input type="checkbox"/> 09 Formation-District	<input type="checkbox"/> 13 School district change

2. Principal City/District(s) affected by action:

DISTRICT NAME	DISTRICT NAME

3. Affected territory is legally:

<input type="checkbox"/> Inhabited	<input type="checkbox"/> Developed	Number of Areas: _____
<input type="checkbox"/> Uninhabited	<input type="checkbox"/> Undeveloped	

4. The affected territory:

<input type="checkbox"/>	Will be taxed for existing bonded indebtedness or contractual obligations as set forth by the terms and conditions as stated in the resolution.
<input type="checkbox"/>	Will not be taxed for existing bonded indebtedness or contractual obligations.

5. Election:

<input type="checkbox"/>	An election authorizing this action was held on _____ <div style="text-align: right;"><small>date</small></div>
<input type="checkbox"/>	This action is exempt from election.

6. Enclosed are the following items required at the time of filing:

<input type="checkbox"/>	Fees	<input type="checkbox"/>	Map(s) and supporting documents
<input type="checkbox"/>	Legal description	<input type="checkbox"/>	Assessor parcel number(s) of affected territory
<input type="checkbox"/>	Resolution of conducting authority	<input type="checkbox"/>	County auditor's letter of TRA assignment
<input type="checkbox"/>	Certificate of Completion (LAFCO only)	<input type="checkbox"/>	(consolidated counties only)

7. City boundary changes only:

<input type="checkbox"/>	Map of limiting addresses (2 copies)	<input type="checkbox"/>	Vicinity maps (2 copies)
<input type="checkbox"/>	Alphabetical list of all streets within the affected area to include beginning and ending street numbers		
<input type="checkbox"/>	Estimated population is:		

8. Required:

According to section 54902 of the Government Code, copies of these documents must be filed with the county auditor and county assessor.

Board of Equalization will acknowledge receipt of filing to:

NAME		BOE USE ONLY
TITLE		
AGENCY		
STREET		
CITY	ZIP CODE	
TELEPHONE NO. ()	FAX NO. ()	
E-MAIL ADDRESS		
SIGNATURE OF AGENCY OFFICER		
DATE		chk #:
		amt:
		ltr #:

